
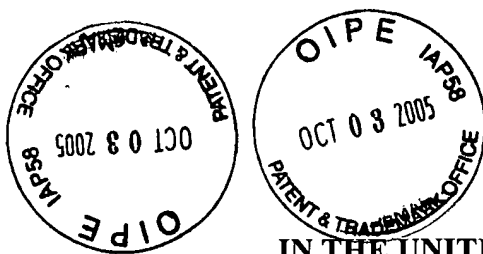


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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 115808-320																																											
Applicant(s): Cupp, C., et al.																																																
Application No. 09/936,672	Filing Date January 23, 2002	Examiner Keith D. Hendricks		Customer No. 29157	Group Art Unit 1761	Confirmation No. 9108																																										
Invention: DENTAL DIET FOR REDUCING TARTAR																																																
<p align="center"><u>COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="7">CLAIMS AS AMENDED</th></tr><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th>HIGHEST # PREV. PAID FOR</th><th>NUMBER EXTRA CLAIMS PRESENT</th><th>RATE</th><th colspan="2">ADDITIONAL FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>33 -</td><td>33 =</td><td>0</td><td>x \$50.00</td><td colspan="2">\$0.00</td></tr><tr><td>INDEP. CLAIMS</td><td>5 -</td><td>5 =</td><td>0</td><td>x \$200.00</td><td colspan="2">\$0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td colspan="2">\$0.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td><td colspan="2">\$0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p align="right">Dated: September 30, 2005</p> <p>_____ Signature</p> <p>Robert M. Barrett Reg. No. 30,142</p> <p>CC:</p> <div><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p align="center">09/30/05 (Date)</p><p align="center"> Signature of Person Mailing Correspondence</p><p align="center">Heather Foster Typed or Printed Name of Person Mailing Correspondence</p></div>							CLAIMS AS AMENDED								CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE		TOTAL CLAIMS	33 -	33 =	0	x \$50.00	\$0.00		INDEP. CLAIMS	5 -	5 =	0	x \$200.00	\$0.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Cupp, C., et al.
Appl. No.: 09/936,672
Conf. No.: 9108
Filed: January 23, 2002
Title: DENTAL DIET FOR REDUCING TARTAR
Art Unit: 1761
Examiner: Keith D. Hendricks
Docket No.: 115808-320

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the non-final Office Action dated June 30, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.